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Rubeola

(epand. bones)

1826

L. Summer

Emigration Association

Mitochondria

by

Wm. L. Summer

Emigration Association

1826

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Paper March 26th 1827
W. L. M.

An
Inaugural Dissertation
on
Rubeola
by
Lavis Sumner
of
Pennsylvania
1826

"Non recitavi unquam, nisi amicis, idque coactus" Hor.

Sept. 18. 1877
A. J. B.

Journal of the
Tenthredinidae

1877

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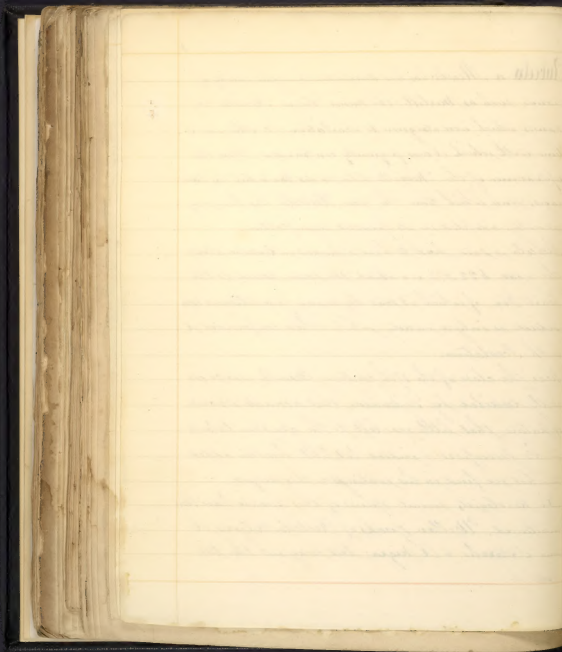
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Rubella or Measles, has been designated by a great variety of names, such as, *Merbilli*, the *Minor* *Varicella*, *Roseola*, &c.; names which were also given to *Scarlatina*, & to other eruptions with which it was frequently confounded, before the appearance of the "*Nouvelles Eclipses des Maladies*", by Sauvages; since which time the term *Rubella* has been very generally adopted in its present signification.

Rubella is said first to have appeared in Europe about the year 622 A.D. is about the same period as the Small Pox, of which it was by many practitioners considered as only a variety, while others confounded it with *Scarlatina*.

Near the close of the 17th century Measles was so correctly described by Sydenham, that accurate observers of nature, that little was left to the graphic talents of his successors; & indeed but little has been added to what we find in his writings on this subject.

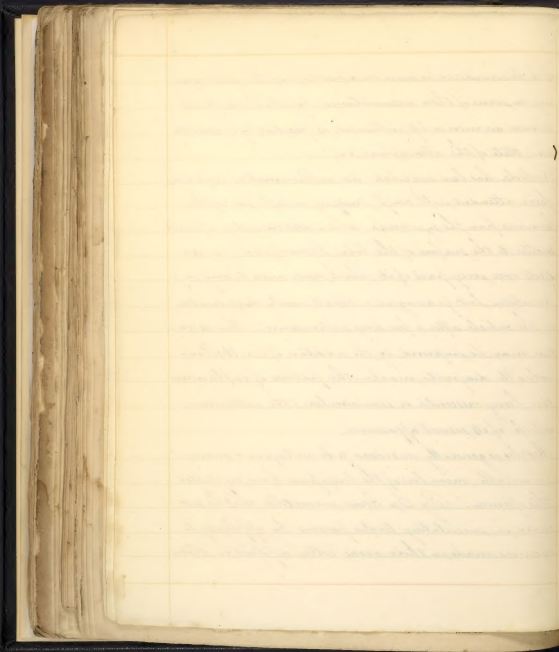
By nosologists several species of this disease have been mentioned. Willan speaks of *Rubella Pulveris*, *R. sine Catarrho*, & *R. Nigra*; but may not the two



last be considered as mere modifications of the first, depending on some of those circumstances by which nearly all diseases are more or less influenced, as peculiarity of constitution, state of the atmosphere, &c.

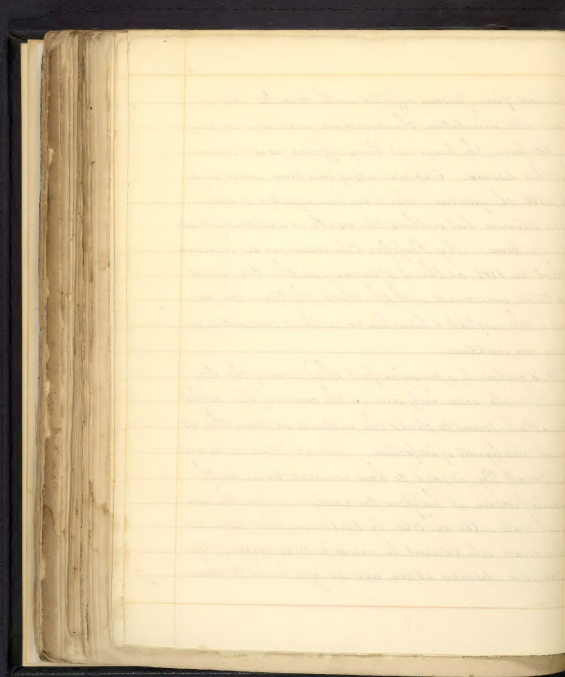
Measles has been described, "An inflammatory infectious fever attended with cough, sneezing, a defluxion of thin humours from the eyes & nose, and a determination of acrid matter to the surface of the body, showing itself in red spots over every part of it, which never come to any supuration, but go away in a small mealy desquamation of the cuticle after a few days continuance." This description may be improved by the addition of Dr. Willan's valuable diagnostic mark—the patches of inflammation being crescentic or semicircular, & the intervening cuticle of its usual appearance.

Measles is generally considered to be contagious, & many respectable members of the profession have supported this opinion. By Dr. Horne we are told, that he succeeded in circulating the disease, by applying to incisions made in their arms, cotton dipped in blood



obtained from persons affected with Measles; that 304 days after inoculation, the disease was induced in a very mild form, the lungs not being affected, as is so common in this disease. Experiments of this kind would go far to settle the question: they have been repeated by other practitioners, but without the results so confidently stated by Dr. Hume. By Professor Chapman we are informed that in 1801, at the Dispensary in this City, repeated trials were made with the blood, the tears, the mucus of the nostrils & bronchia, &c. without succeeding in any one instance.

It is certainly a singular fact, that some of the Exanthemata occur only once in the course of life, so that one attack seems to shield the individual from the utmost malignity of infection. Though Measles, as well as Small Pox, is said to have occurred twice in the same person, it happens too rarely to affect the general rule. We are told by Huxham, that some individuals who cannot be made to take some of the eruptive diseases at one age, are yet liable to them



at another. The number of such individuals is probably small. Most persons having measles in early life & thus obtaining the immunity, it is by no means surprising that this disease should be comparatively rare among adults. According to Dr Willan when no catarrh-al symptoms occur, the susceptibility is not destroyed; & in this case when the effluence diminishes, it is not uncommon for a second eruption to occur, accompanied with considerable constitutional disorder.

Measles prevail most commonly during the winter & young, but may be epidemic at any season. The generally received opinion is, that it recurs as an epidemic every 7 years: in this City, as we are informed by Dr. Chapmann, it returns since the year 1772, have been septennial & be no more restricted to the human race—the brute creation suffering at times greatly from it. It is much aggravated by other colds. We are told that Measles small pox occurring together the latter is delayed until the former has run its course. Dr Zeller says, that

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febrile with often some Periodic & intermittent &
remits the disposition to Chronic Rheumatism &
Gout.

Like all other febrile diseases, Rubella commences with
cinous, swelling of the face & swelling amounting
in some instances almost to oedema, heat, thirst, anxi-
ety, pains in the head, back & limbs, sometimes pharyn-
gitis of the face & eyes, copious secretion of tears
swelling of the eyelids sometimes nausea & even vom-
iting of bilious matter: to these symptoms may be
added a dry cough, hoarseness & soreness of the throat,
hurried respiration, hot dry skin, dyspnoea, pulse
frequent & hard, a discharge of an acid fluid from
the nostrils accompanied with frequent sneezing.

The eruption usually appears about the 4th day, tho
occasionally not until the 7th or 8th 10th or even later
first like flea bites on the forehead & chin & gradu-
ally progressing over the whole face & in a day or two
covering the whole body. The spots are at first of a
pale hue, which becomes darker as they increase

in size, until they coalesce into irregular crescentic patches interspersed with single round dots. The effluence on the face is slightly elevated, as may be perceived by the finger. Dr Hazeltine of (Beverly, Maine) observed an eruption on 1st in gums & fauces, three days before the effluence of measles.

The disease with which Rubella is apt to be confounded, is Scarlatina; & in some cases the diagnosis is by no means easy. We may be aided by attending to the following differences; the redness of Scarlatina is more diffused, not in crescentic patches, not elevated; the eruption in Scarlatina commonly appears on the 2nd day, & in Rubella does not before the 3rd; the catarrhal symptoms are mild in Rubella; we may also be assisted by the nature of the prevailing epidemic.

Our prognosis may be favourable, when the symptoms are mild, the expectoration copious, the eruption bright & distinct, some degree of moisture on the surface, the throat gently inflamed; but

when the eruption is imperfectly thrown out, the head much affected with delirium, when the breathing is difficult & laborious, cough dry, skin parched, pulse hard, or when the vomiting continues even after the eruption has appeared, the appearance being kind, &c. We have great reason to dread the event.

Measles is apt to leave behind it, some very distressing affections, as ophthalmia, inflammation of the lungs, which, in scorbutic constitutions, frequent by acids in the stomach or confirmed Phtisis, irritation of the intestines, producing diarrhoea, or an enlargement of the mesenteric glands occasioning melaena, &c. &c.

The original cause of Measles seems to be inflammation of the mucous membrane lining the primæ viæ, & feeling the head & face by symptoms. That Measles depends on inflammation, is shown by the symptoms & also by dissection; in which the cavity contains the lungs bronchia & trachea are all, enlarged & sometimes nearly filled

uncomplicated cases.

When the success of the cure is much retarded, that the metastasis to the skin cannot take place, the danger is imminent: in such cases, late in the disease, the terms Rubella Miora, & Putrid Measles have been used.

Measles when occurring in a mild form requires but little medical treatment; the chief objects of attention being to avoid exposure to cold by removing the patient to the house, & regulating the temperature of his chamber to the degree most comfortable to himself, which will generally be about 65° F.; the occasional administration of a gentle laxative, as senna & manna or one of the neutral salts to keep the bowels in a soluble state; avoiding every article of food or drink of a stimulating nature & living on mild farinaceous articles, as barley, rye, &c. & drinking cool water, lemonade, &c. But when the disease is more decidedly inflammatory, the above

treatment will not be sufficient to carry the patient through the attack. This more aggravated state of the disease is known by the determination to the head inducing delirium & coma, by the difficulty of breathing, continual excitement to cough, full hard pulse, &c. In this case, the utility of Phlebotomy is generally admitted; but the extent to which the lancet should be carried, is not agreed among practitioners, especially in children. By some it is said, that children do not bear it so well, & that it should be used with great caution; but we have the authority of some of our most valued Physicians in support of as free use, in this affection as in any other febrile affections. & we cannot but be of the practice appears us, that children bear depletion of even kind better than adults & that measles is the most inflammatory of the Exanthemata; Why then should we hesitate to employ freely those means in the case of infants, which we know best admit

ed to combat inflammations? If the head be much affected, Opiu or Leche to the temples will be useful; if much oppression of the chest or difficulty of breathing, to wear a dressing from the breast or back, after which a blister to the breast should be used. The bowels should not by any means be neglected; by keeping them moderately open, we remove irritation; for this purpose the neutral salts, as Sulphate of Magnesia, or Potash & Soda, may be preferred. When the thirst is great lemonade or the neutral mixture (i.e. Carb. potassæ combined with lemon juice & sweetened water) will be found useful: the last named remedy will also be serviceable, by producing a gentle diaphoresis. Should the eruption be slow in appearing, or should it "strike in," the symptoms are much aggravated, & call for immediate attention. The utility of the warm bath of singlismus to the heart & extremities is generally admitted; but we find some discre-

stance as to the nature of the internal means, in
 this case. Very many practitioners recommend
 wine, cherry, Camphire & other Annumia, &
 warm drinks; while some of our most intelligent
 Physicians condemn the internal use of Stimu-
 lents, & advise Cool drinks & demulcents. The use
 of Stimulants internally, in such cases, has cer-
 tainly the sanction of Ages; but when we remem-
 ber the maxim of the Poan Sage "*ubi irritatio
 ibi afflusus*," we are induced to believe, that irrita-
 tion of the internal surfaces would rather coun-
 teract, than aid us in bringing the eruption
 to the external surface. It becomes, not a
 question to decide, between those who have grown
 gray in the practice; yet the treatment of the
 latter Physicians & showing the most reason-
 able, I am induced to give it the preference.
 When the cough & fluids are usually accompanied;
 but are unproductive, & very as symptoms of inflammation
 then continue, during which, most advantage

will be derived from demulcent drinks, as barley water, flaxseed tea, thin solution of gum Arabic, &c; but the inflammatory symptoms having subsided, the various cough mixtures may be given. That commonly called "Purson Mixture" is generally preferred. Syphilitic symptoms appearing, the treatment is the same as for the retrocession of the eruption; N.S. may be required, but should not be used with the same freedom as in the inflammatory state; where Phlebotomy is inadmissible the application of Cups or Leeches to the Epigastrium succeeded by a blister, has been found surprisingly useful; mercurial pills & cool drinks, are also necessary.

one of the most frequent & most distressing sequelae of Rubella is diarrhoea for the relief of which, repeated small bleedings are the best remedy. When diarrhoea continues after the febrile symptoms have abated a few leeches or cups over the head, then a blister to the same

part will generally afford relief. To guard against the consequent pneumonic affection, by means unusual or unimportant, nothing is more likely to answer, than the application of a blister over the chest, when the disease begins to decrease in violence; this plan is recommended with confidence, being advised by one of our most valued practitioners.

